

## **The Recovery Implementation Task Force (RITF) of Wisconsin is looking for new members!**

**The mission of the RITF is to transform Wisconsin mental health and substance use disorder services to embody recovery, hope, dignity and empowerment throughout the lifespan, in partnership with the Department of Health Services, Division of Mental Health and Substance Abuse Services, and Bureau of Prevention Treatment and Recovery.**

**The RITF is a 25 member advisory board to the Division of Mental Health and Substance Abuse Services. The group is comprised primarily of people with lived experience with mental health and substance use disorders, but other recovery advocates are also welcome. For more information about the RITF and to review previous agendas and meeting minutes, please visit [www.ritf.wisconsin.gov](http://www.ritf.wisconsin.gov)**

**There are two committees:**

- Training and Education
- Program Review and Quality Enhancement

**The RITF meets on the third Fridays of every other month (Jan/Mar/May/July/Sept/Nov) in Madison. Reimbursement for mileage and lodging is available for peer members.**

**Individuals may apply for membership to a committee only, or also for a seat on the larger body. If you are interested in applying, please contact the RITF Lead Staff person at [dhsritf@wisconsin.gov](mailto:dhsritf@wisconsin.gov) or via snail mail to DHS/DMHSAS, 1 W. Wilson St., Room 951, Madison, WI, 53703.**

***We request that all applicants attend at least one meeting as a guest prior to applying for membership, in order to better understand the work of the group and determine whether it will be a good fit.***

**Application to the Recovery Implementation Task Force (RITF) of WI**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Best way to contact** \_\_\_\_\_

**I am applying for:**

- ☐ **The RITF as a whole**

**And/or the following committee of the RITF:**

**Committee choice:**

- ☐ **Program Review and Quality Enhancement**
- ☐ **Training and Education**

**To which topic area(s) are you most committed?**

- ☐ **Youth**
- ☐ **Veterans**
- ☐ **Older Adults**
- ☐ **Diversity (please specify)** \_\_\_\_\_
- ☐ **Substance Use Disorder**
- ☐ **Rural**
- ☐ **Urban**
- ☐ **Other (please specify)** \_\_\_\_\_

**I attended a meeting on the following date(s):** \_\_\_\_\_

**My primary purpose for applying to the RITF is:**

**I have the following skills and experiences to offer the RITF:**

**I have reviewed the attached Individual Membership Responsibilities and will be able to perform these responsibilities if accepted to the RITF.**

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

**Return to:**     RITF Lead Staff via email at: [dhsritf@wisconsin.gov](mailto:dhsritf@wisconsin.gov)  
**Or mail to:**   DHS DMHSAS, 1 W. Wilson, Room 951 Madison, WI 53703

**Demographic information disclosed on this application will be kept confidential and will only be used by the RITF executive committee for the purpose of determining membership.**

Demographic Information (optional)			
Gender	Sexual Orientation	Age	Ethnicity
<input type="checkbox"/> Male	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> 18-26	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> Gay	<input type="checkbox"/> 27-39	<input type="checkbox"/> American Indian
<input type="checkbox"/> Transgender	<input type="checkbox"/> Lesbian	<input type="checkbox"/> 40-55	<input type="checkbox"/> Black
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> 56+	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Questioning		<input type="checkbox"/> White
			<input type="checkbox"/> Other

Recovery Implementation Task Force  
Individual Member Responsibilities

*As a member of the Recovery Implementation Task Force (RITF) of Wisconsin, I agree to the following out of respect for the work of the RITF and its committees:*

- ☐ **Share my opinion, listen and allow for difference of opinion and respectfully regard the opinion of others.**
- ☐ Actively participate in all RITF and committee meetings for the entirety of the meeting (unless I notify an assigned Bureau of Prevention Treatment and Recovery (BPTR) staff to inform them of my absence). I understand that if I miss three RITF and/or committee meetings within a rolling twelve month cycle, a Co-Chair will contact me to discuss my commitment and revisit goodness of fit.
- ☐ If I do need to miss a meeting, I will contact BPTR Staff as soon as possible to let them know I cannot attend.
- ☐ If I miss three (3) meetings in a calendar year without communicating my absence I automatically relinquish my seat on the Taskforce.
- ☐ I will take time to review the meeting materials prior to the meeting so I can come to the meetings prepared.
- ☐ Demonstrate personal and professional integrity and honesty. I will work towards the mission of the RITF while striving to embody recovery, hope, accountability, leadership and dignity.
- ☐ Demonstrate respect for products and documents developed by the RITF and its committees. I will not post or release any draft documents without prior approval. The RITF welcomes and encourages the use of approved products and/or documents in a public setting. It is expected that no amendments be made and appropriate credit be given to the developing body.
- ☐ Participate on at least one committee of the RITF.
- ☐ I will develop linkages and share the work of the RITF within my community.
- ☐ I will bring concerns about the workings of the RITF, its committees or its members to a Co-Chair of the RITF. I will honor a complaint resolution process as identified by the Co-Chairs of the RITF.

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Signature

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Date